IL 10-2001-001
In Reply Refer To: 13

January 12, 2001

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

GUIDANCE ON INFERTILITY SERVICES FOR VETERANS ENROLLED IN THE VA HEALTH CARE SYSTEM

1. The evaluation of infertility needs to be directed toward identifying that minimum criteria exist for the establishment of a pregnancy. The occurrence of ovulation, patency of at least one fallopian tube, and the production and delivery of sperm must exist for pregnancy to be achieved. The etiology of infertility may be multi-factorial, thus either one or both partners may contribute to the failure of a couple to conceive. For this reason, infertility is not strictly a woman's health issue, and both men and women veterans will be evaluated and treated for infertility.

2. **Background**

a. Women comprise less than 5 percent of the veteran population. The population of women veterans is growing as women now make up 14 percent of the active duty military and 20 percent of all military recruits, excluding the Marines. The population is younger as well, 62 percent of all women veterans are under the age of 45, and are within the child bearing years. Likewise, approximately 50 percent of the women seen in the Department of Veterans Affairs (VA) facilities in Fiscal Year (FY) 1999 were under 45 years-old.

b. Requests from women veterans for reproductive health services have been increasing in frequency. VA's Women Veterans Health Program has traditionally included preventive health care related to the reproductive system: Pap smears, mammograms, contraception and management of menopause, but excluded infertility services. Neither infertility nor pregnancy has been defined in VA as a disability. Previously, VA's general authority limited the Secretary to providing hospital and outpatient care deemed "needed for the care of a 'disability'." This barrier was removed by the enactment of the Veterans' Health Care Eligibility Reform Act of 1996 (Public Law 104-262), which allows the Secretary to provide health care as determined to be medically needed. Since medical remedies for infertility exist, such services could be provided under Title 38 United States Code (U.S.C.) 1710, i.e., if the Secretary determines that it is medically needed. Limited infertility services, such as assessment of reproductive capacity and treatment or correction of some obvious abnormalities, such as endometriosis or varicocele, are already available at VA facilities. However, most assisted reproductive technology is not available at VA facilities.

c. There is an increased incidence of infertility and erectile dysfunction in men with spinal cord injuries and young men with testicular cancer. Infertility services outlined in this Information Letter will apply to both genders. However, VA cannot cover services required by a non-veteran spouse (excluding VA Civilian Health and Medical Program (CHAMPVA) beneficiaries under the CHAMPVA In-house Treatment Initiative (CITI) program).

d. Infertility is generally defined as the inability of a male and female to achieve a pregnancy despite unprotected intercourse for a period longer than 12 months. However, after the age of 35, impaired fecundity is common. In such cases, an infertility work-up is suggested after 6 months of unprotected intercourse not resulting in conception.

e. Infertility may be a result of the lack of tubal integrity and functional ovulatory dysfunction, uterus and endometrial changes, cervical inadequacy, and/or male dysfunctional factors. Infertility in women may also be secondary to endometriosis, exposure to DES (Diethystilbesterol) in utero, or blockage of, or surgical removal of one or both fallopian tubes (unilateral or bilateral salpingectomy). Some of these conditions may be service-connected. However, it is inaccurate to conclude that "infertility" is service-connected because infertility is a condition of couples.

3. Assessment and Treatment

a. The first step in assessing fertility needs is to include a complete history and physical examination. A complete history needs to include: past medical and surgical events, diet, occupational risks, exercise, previous methods of contraception, past pregnancies, sexually transmitted diseases, current sexual practices and family history. A physical examination needs to include special attention to the presence of varicocele in the male, an abnormal pelvic examination in the woman, or evidence of endocrine dysfunction. ***NOTE:*** *Cigarette smoking reduces the chance of natural conception by 20 percent.*

b. When medically indicated, VHA can provide the following diagnostic and treatment options:

(1) Diagnostic and treatment options for women veterans consist of:

(a) Basal body temperature,

(b) Serum Follicle-stimulating hormone (FSH)/Luteinizing hormone (LH) and prolactin testing,

(c) Pelvic and/or transvaginal ultrasound,

(d) Hysterosalpingogram (HSG),

(e) Diagnostic laproscopy,

(f) Progesterone testing,

(g) Endometrial biopsy,

(h) Hormonal therapies (Clomid/Serophene), with or without intrauterine insemination (IUI) and

(i) Surgical correction of structural pathology, including reversal of tubal ligation.

(2) Diagnostic and treatment options for male veterans with sperm production disorders consist of:

(a) Sperm analysis,

(b) Serum testosterone,

(c) Evaluation and treatment of erectile dysfunction when such dysfunction interferes with sperm delivery (e.g., in spinal cord injury),

(d) Surgical correction of structural pathology, including vasectomy reversal, and

(e) Sperm harvesting.

(3) Oocyte and/or sperm cryo-preservation for medically indicated conditions. ***NOTE:*** *Local policy is required to address proper handling, labeling and temporary storage of such specimens up to and until the veteran is discharged or until the veteran gives VA consent to entrust such frozen specimen to a third name party.*

c. Infertility services can be provided locally or through network referrals and negotiated comprehensive contract package with consultants, sharing agreements or affiliations. The package can be tailored to meet individual facility needs based on local expertise and resources. A very close relationship with the reproductive endocrinologist is to be established to ensure that diagnostic results and/or efforts are not duplicated. ***NOTE:*** *Non-veteran spouses or significant others are not eligible to receive infertility services from VA.*

NOTE: *VHA does not cover surrogate births or adoption, although information may be shared with interested couples who would like to explore options outside the VA system.*

d. VHA <u>is not authorized</u> to provide advanced reproductive in-vitro fertilization technologies including, but not limited to:

(1) Gamete intrafallopian transfer (GIFT),

(2) Zygote intrafallopian transfer (ZIFT),

(3) Assisted hatching,

(4) Oocyte donation,

(5) Intracytoplasmic sperm injection (ICSI),

(6) Tubal embryo transfer (TET),

(7) Egg or embryo donation, and

(8) Controlled ovarian hyper-stimulation (COH with gonadotropins).

e. CHAMPVA provides coverage for the same infertility-related services with the same exclusion as noted in the preceding. It does not cover reversal of tubal ligations or vasectomies. ***NOTE:*** *For additional information contact the CHAMPVA office at 1-800-733-8387.*

4. Preconception Counseling. A number of situations demonstrate the benefit of preconception counseling intervention to prevent maternal complications or fetal malformation. Some patients are unaware that their medical conditions, medications, occupational exposures or social practices may have consequences in the earliest weeks of pregnancy. Along with the potential opportunity for primary prevention of some congenital anomalies and other complications of pregnancy, preconception counseling offers an ideal opportunity to educate women about the advantages of planning their pregnancies. Women need to be counseled in order to recognize signs of fertility and to maximize their chances of conceiving. ***NOTE:*** *Infertility treatment dilemmas that arise may be referred to local Ethics Advisory Committees for guidance or to the National Ethics Office at (802) 296-5145.*

5. **References**

a. Title 38 U.S.C. 1701.

b. Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996.

c. Title 38 Code of Federal Regulations 17.30.

d. Federal Register, Vol. 64, No. 193, October 6, 1999/Rules & Regulations.

6. Questions concerning implementation of infertility benefits needs to be directed to the Director, Women Veterans Health Program at 202-273-8577.

S/ by Dennis Smith for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 1/17/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 1/17/2001